

Police Pension Scheme Co-habiting Partner Declaration Form

- By completing this declaration form you nominate your partner to receive an adult partner's pension payable under the Police Pensions Regulations 2006 / 2015, subject to the submission of a valid claim in the event of your death.
- This declaration alone does not give your partner entitlement to a pension. If you were to die, the police authority would need to be satisfied that your relationship with your partner met the qualifying conditions for the payment of a pension at the time of your death. Please read this leaflet for more information.
- Please fill in this form in black ink and in **BLOCK CAPITALS**, and send it to your force's pensions administrator, acting on behalf of the police authority, at the address shown below. They will acknowledge that they have received the form by returning a copy of it to you.

Part 1. About you (the scheme member)	
Your name	
Pay reference	
Address (<i>it is your responsibility to tell your pensions administrator if you subsequently change address</i>)	
Postcode	
Daytime telephone number	

Part 2. About your partner	
Partner's full name including title	
Partner's date of birth	
Partner's address (<i>this should normally be the same as the address of the NPPS member</i>)	
Postcode	

Now turn over

Part 3. Declaration

- We confirm the following.
 - We have lived together for years, during which time our financial affairs have been interdependent (or the partner has been financially dependent on the Police Pension Scheme member).
 - We have an exclusive, committed and long-term relationship with each other and we intend to continue this indefinitely.
 - We are not married to each other and we have not formed a civil partnership with each other
 - We are not related in a way that will prevent marriage or civil partnership
 - Neither of us is married to anyone else.
 - Neither of us has formed a civil partnership with anyone else
 - Neither of us is currently nominated as the unmarried partner of anyone else.
- We will tell the scheme administrator in writing if our relationship comes to an end.
- We understand that benefits will not be paid unless the partner provides satisfactory evidence that the declaration above is valid when the Police Pension Scheme member dies.

Scheme member's signature (<i>signed in the presence of the witness named below</i>)	
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Date	
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Partner's signature(<i>signed in the presence of the witness named below</i>)	
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Date	
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Part 4. Witness (Note: the witness is simply required to witness the signing of the form by the scheme member and partner in Part 3 above)

Name of witness	
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Address of witness	

Postcode	
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Signature of witness	
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Date	
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Please return this form to

**The Pensions Office
City of London
PO Box 270
Guildhall
London
EC2P 2EJ**